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## TEPEZZA PRIOR AUTHORIZATION REQUEST FORM

This form **MUST BE** submitted with medical records to support services

Date:		
<b>RECEIPIENT INFORMATION</b>		
Medicaid ID:	Date of Birth:	Sex:    M        F
Last Name:		First Name:
<b>GENERAL INFORMATION</b>		
First Date of Service:		Last Date of Service:
Primary Diagnosis Code:		HCPC Code:
Drug Name:		Quantity:
Hospitalizations/Treatments/Medications Used in the last 6 months:		
<b>POINT OF CONTACT</b>		
Name and Title:		
Email:	Phone:	Fax:
<small><i>Note: The point of contact is the individual completing the PA and would be the contact for questions SD Medicaid may have regarding the PA. The determination notice will be sent to the listed point of contact.</i></small>		
<b>REFERRING PROVIDER INFORMATION</b>		
Name:		
NPI #:		Taxonomy:
Phone:		Fax:
<b>SERVICING PROVIDER INFORMATION</b>		
Name:		
Address:		
NPI #:		Taxonomy:
Phone:		Fax:

<b>CRITERIA</b>		
<b>Medical records to support use of product are submitted</b>		
<b>Initial Therapy (check one)</b>	<b>Yes</b>	<b>No</b>
	Individual is ≥18 years of age	
	Therapy is prescribed by, or in consultation with, an endocrinologist <b>and</b> an ophthalmologist with expertise in the treatment of Grave's disease associated with TED	
	Individual has had an inadequate response (trial of ≥60 days), contraindication or intolerance to corticosteroids used for the treatment of TED (Ex. prednisone, methylprednisolone, dexamethasone)	
	Individual has a diagnosis of moderate to severe TED associated with at least <b>one</b> of the following: <ul style="list-style-type: none"> <li>• Lid retraction ≥ 2 mm</li> <li>• Moderate or severe soft tissue involvement</li> <li>• Exophthalmos ≥ 3 mm above normal for race and gender</li> <li>• Intermittent or constant diplopia</li> </ul>	
	Documentation is provided indicating <b>one</b> of the following: <ul style="list-style-type: none"> <li>• Individual is euthyroid with thyroid function in normal range</li> <li>• Individual has mild hypothyroidism or hyperthyroidism (defined as free thyroxine (FT4) and free triiodothyronine (FT3) levels &lt; 50% above or below the normal limits) and is undergoing treatment to correct and/or maintain euthyroid</li> </ul>	
	Documentation is providing indicating a TED clinical activity score of ≥4	
	Individual does not require immediate surgical ophthalmological intervention	
	Individual does not have clinically significant optic neuropathy (Individual has not had a decrease in best corrected visual acuity (BCVA) within the previous six months, ex., decrease in vision of 2 lines on the Snellen chart, new visual field defect, or color defect secondary to optic nerve involvement	
	Individual does not have corneal decompensation unresponsive to medical management	
	If the individual is a diabetic, they are being managed by an endocrinologist or other provider experienced in the treatment and stabilization of diabetes	
	Individual is not pregnant	
<b>PHYSICIAN SIGNATURE – PROVIDER ONLY</b>		
This form <u>must be</u> signed by a physician		
	I certify that the information given in this form is a true and accurate medical indication for the required product	
<b>Name &amp; Title (Printed):</b>		<b>Specialty:</b>
<b>Signature:</b>		